MANCHESTER HEALTH DEPARTMENT

1528 Elm Street Manchester, NH 03101

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SWIMMING POOL INSPECTION FORM

Facility Name:			License Number
Address:			
Manager:			Capacity:
Date Inspected Pool Inspected by:			
"X" in "NO" Column indicates a violation			
WATER QUALITY	YES	NO	REMARKS
 * Chlorine residual (1.0 - 3.0 ppm) max of * pH (7.0 - 7.8) * Clarity Main drain / deepest part visible * Water temperature not above 104⁰ F Total alkalinity (80-120) su 			
SAFETY STANDARDS			
 Life-ring, reach-pole available Breakpoint marking present Depths properly indicated Safety rules / emergency phone numbers pos First aid kit and backboard available Drain covers provided and secure 	 bted		
CONSTRUCTION AND MAINTENANCE			
Pool dimensionsGallons_ * Pool fenced or enclosed with self-closing and latching gates Pool lining smooth and cleanable Hose bib accessible * Recirculation system properly working - Flow meter present and working - 8 hour turnover through filters - Filter/filtration acceptable * Chlorination properly working * Free of cross connections Proper testing equipment available Suitable daily records kept (disinfection, backwash & operational) AREA SANITATION			
Swimming / bathing area clean Separate toilet facilities provided Toilet facilities clean & maintained Shower facilities provided & maintained Waste receptacles provided			
*NOTICE: This inspection found a violation of set This violation must be corrected within			

FACILITY MANAGER

ENVIRONMENTAL HEALTH SPECIALIST